



КУЛЬТУРА И КУЛЬТУРНЫЕ СВЯЗИ

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DUTCH ARTIST VINCENT VAN GOGH THROUGH THE EYES OF THE GERMAN PSYCHIATRIST KARL LEONHARD IN THE CONTEXT OF CURRENT CULTURAL AND MEDICAL DISCUSSION

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This paper is an attempt to bring together different approaches within the framework of anthropology, art history and psychiatry in order to study the treatment of the personality and work of Vincent Willem van Gogh (1853–1890) in the last work of the famous German psychiatrist Karl Leonhard (1904–1988), the author of the book *Akzentuierte Persönlichkeiten* (EN *Accentuated Personalities*) well-known to Russian readers. The assessments of Karl Leonhard, which reflected a whole period both in the history of reception of the work of the Dutch artist in the then divided Germany, and in the history of German medicine, are the result of a dialogue between the Dutch art culture and the culture of German nosological psychiatry, inscribed in the history of the medical discourse of that period and pathographic art history. Leonhard made a significant contribution to the study and description of the clinical manifestations of endogenous psychoses. Clinical experience leads the German psychiatrist to conclude that the diagnosis of schizophrenia, which the Russian school is inclined to support, and that of epilepsy are wrong, because the artist suffered from anxiety-happiness psychosis, which is a special form of cycloid psy-

chosis. The evidence-based method used by Leonhard is close to the traditions of Russian humanistic psychiatry. Despite the fact that Leonhard's positivist-oriented nosological approach is currently being criticized by adherents of the psychoanalytic approach in psychiatry, it should be noted that there is no objective evidence that one approach excludes the other: in our opinion, they complement each other. Studying van Gogh's letters, the testimonies of his contemporaries, and taking into account the data of later works on van Gogh, the authors of this paper reproduce the picture of the symptoms of a mental illness, emphasizing the importance of the expansive and carefully thought-out classification of Leonhard's endogenous psychoses and focusing on the evidence of fluctuations in the artist's affect and disturbances of the process of perception, his attitude to his own illness from the point of view of psychiatry and clinical psychology. In addition, the paper provides an overview of the latest pathographic studies of van Gogh and their critical analysis. In conclusion, the authors of the paper announce the publication of the full text of Leonhard's essay in Russian translation accompanied by commentary by art critics and medical scholars.

Keywords: van Gogh, Karl Leonhard, pathography, post-impressionism, endogenous psychosis, anxiety-happiness psychosis, Russian and German schools of psychiatry, nosological and syndromological approach, philosophical anthropology.

Vincent Willem van Gogh (1853–1890), a Dutch cosmopolitan nomadic character [Grave, 2016], lived a short life, which was full of both external events and internal experiences. He discovered his vocation quite late in life, he worked in a branch of a large art trading company till he was 22 years old, then he became a teacher, later he had plans to become a preacher and, possibly, a pastor. Despite the fact that he was not able to get a theological education, the idea of preaching did not leave him, and he went to the south of Belgium, where he intended to launch charitable, religious and educational activities among miners. Meanwhile, he developed a genuine interest in painting. He became immersed in his new passion paying no heed to whether it will ever pay off. Financially, he was completely dependent on his brother during this period, without whose generous support he could not survive. At first, his mental illness did not deprive him of his artistic gift completely; he could continue to work between the exacerbation phases with full dedication. Ultimately, the disease did its job, and during yet another attack he committed suicide.

However, creative achievements are the destiny not only of people in creative professions. This is clear to anyone who is acquainted with the legacy of Karl Leonhard (1904–1988), one of the leading German psychiatrists who left a significant mark not only in clinical medicine, but also in psychology and philosophical anthropology. Acquiring the

place that he and his legacy occupy in science, you involuntarily come to the conclusion that his work suffered both a happy and unhappy fate. On the one hand, his main works are well known in Russian translation; they have been translated not only into English, but also into half a dozen other languages. On the other hand, his life reflected all the vicissitudes of post-war Germany: he gained more recognition in eastern Germany; this probably explains his fame in Russia. His colleagues in the West, giving him his due, have always treated him with restraint, which, it must be admitted, was caused by his, perhaps, not entirely unambiguous role in the abuse of psychiatry in Nazi Germany¹. Nevertheless, the international Wernicke, Kleist and Leonhard Society is successfully working with its center in Würzburg (Germany), and Leonhard's works are still widely represented in the catalogs of major international medical publishing houses.

In Russia, Leonhard is mainly known for his work *Accentuated Personalities*. In the second part of the book he gives a thoughtful and deeply multi-layered descriptions of the types of personalities that he finds among literary characters, since he proceeded from the fair assumption that the great writers of the New Age were not only masters of the pen, but also experts on the human soul². It is interesting that of the more than thirty writers whose works he analyzes in *Accentuated Persons*, he most often refers to the characters created by Tolstoy and Dostoevsky, so it can be argued that this book is a monument to the dialogue between German and Russian cultures. It should be noted that Leonard really fell in love with fiction as a student, and since then it had become his reliable friend, not only in his leisure hours as a source of aesthetic pleasure, but also in his work, as he also drew material for scientific work in literature [Leonhard, 1995, p. 23]. The same can be said about fine art: the German school of psychiatry has always demonstrated an interest not only in the diagnostic and therapeutic potential of painting, but also in contemporary art and in its expressive means.

¹ It should be noted that there is no data at our disposal that unambiguously compromise Leonhard, criticism of his deontology is unfair, because it is based on modern ideas and does not take into account the context of the era in which he lived and for which his ideas were innovative.

² Similar ideas were expressed by the major Russian psychologist B.S.Bratus': [Bratus', 1988, p. 138–139].

Leonhard offers an extensive analysis of the world of van Gogh's emotional experiences in his last book *Bedeutende Persönlichkeiten in ihren psychischen Krankheiten* [Leonhard, 1988], which was released after the author's death³. This work cannot be attributed to the genre of psychiatric art studies or popular pathography, which, as a rule, tries to show that the disease is the source of creativity. Rather, it should be attributed to the genre of post-mortem psychological and psychiatric examination, based on biographical data, testimonies of contemporaries, as well as letters and other archival materials belonging to the pen of the subject. In addition, van Gogh's painting also acts as a material for examination: relying on his ideas about the nature of the reflection of a particular pathological process in the drawing, Leonhard, relying on the data of his students, shows that the pathological process manifests itself according to the same laws both in an artist and an ordinary patient, with the only difference being that the picture of the painter has an aesthetic, ideological and artistic value that does not depend on the mental illness, which an ordinary patient's picture does not⁴.

Leonhard, as we shall see, turns to van Gogh's painting with considerable caution: for him, the material provided by the biography is more important, while the artistic canvas is only a conditional reflection of the author's inner life, and the fact of this kind of reflection needs a separate proof. This makes Leonhard's approach different from that of Karl Jaspers [Jaspers, 1922], who was more interested in biographical material, and from the approach of Karl Birnbaum [Birnbaum, 1933] a German-American psychiatrist who postulated the possibility and necessity of explaining the facts of creativity through a psychiatric examination of biography. It seems that Leonhard chose the third way, which the experience of a diagnostician and forensic expert told him; therefore, his eyes were focused primarily on the artist's biography, reflected in his letters and testimonies of his contemporaries about him, while

³ Unfortunately, the authors of this work did not have the opportunity to refer to the Leonhard archive. However, many details of this work suggest that the essay itself is incomplete: this is evidenced by small errors in dates and biographical non-essential details, as well as a rather modest annotation accompanying this feature article.

⁴ A detail to Leonhard's portrait is the fact that he works independently, preferring to remain exclusively within his school: for example, he ignores the observations on the drawing made both by Ernst Kretschmer, a patriarch, as it were, of the West German psychiatric school, and by his Hungarian colleagues, who in "big psychiatry" had a different opinion from that of Leonhard on many things (cf.: [Jakab, 1956]).

the German psychiatrist saw only an indirect reflection of van Gogh's state of mind in his work. While Leonhard is far from thinking about the pathological core of van Gogh's work, he is alien to both the ideas of antipsychiatry, whose origins are connected with Michel Foucault [Foucault, 1973], and the constructs of the psychoanalytic school in psychiatry, which sees in the disease a peculiar manifestation of the patient's internal conflict: mental disorder is a disease and source of suffering rather than a little-understood manifestation of talent. Thus, according to Leonhard, the famous artist creates not because, but in spite of his mental illness; understanding the essence of this disorder should not serve to satisfy the curiosity of the public, but rather should provide a possibility of a deeper penetration into the world of the artist and his creations. As we have already noted [Koryshev et al., 2018, p. 371–372], this approach is close to Russian psychiatry: for example, Pyotr B. Gannushkin (1875–1933) emphasized the importance for the doctor of thoughtful and gentle and, at the same time, direct attitude to both patients and healthy people, which is especially important given the blurred borderline between health and illness [Gannushkin, 2018, p. 42].

The internal affinity of the German and Russian schools is not accidental, since they are related by the general methodological approach that originated in Germany at the end of the 19th century, which is commonly called nosological: this school proceeds from the fact that genuine cure or persistent remission is possible if the reasons and mechanisms are thoroughly studied from the onset of the disease (works by Emil Kraepelin, Carl Wernicke, Sergei S. Korsakov, Vladimir P. Serbsky)⁵. Leonhard also worked within the framework of this school, who did a lot to develop the doctrine of the most serious mental illnesses — endogenous (that is, not caused by any reasons external to the patient) psychoses, which included schizophrenia, manic-depressive psychosis, and, to a certain degree, epilepsy. As you know, Carl Jaspers in the above work comes to the conclusion about the schizophrenic nature of van Gogh's

⁵ This approach is successfully opposed by the syndromological approach adopted in the French and later in the American tradition, aimed at relieving the patient from a specific disorder, regardless of its etiology, since modern drugs effectively relieve the patient of specific syndromes regardless of the causes of their occurrence. A number of researchers argue that the syndromological approach prevailed in the medical practice of Charite Clinic led by Leonhard (cf. [Schmitt, 2018, p. 252]).

mental suffering. Leonhard, following Eugen Bleuler, who spoke about schizophrenia however, believes this approach is not sufficiently differentiated, noting that schizophrenia itself inevitably leads to a deep personality defect with dementia and emotional dullness, and in the 1950s develops a detailed classification of endogenous psychoses, based on his vast clinical experience [Leonhard, 1959]⁶. Despite the fact that the classification proposed by Leonhard is rather cumbersome and is not used in modern diagnostic schemes, it should be noted that modern neurophysiology confirms its correctness: the psychoses allocated by him have different localization in the brain, i. e. different reasons, and, as a result, different course and outcome [van de Kerkhof et al., 2012]. Thus, acquaintance with Leonhard's arguments and way of thinking will make it possible to understand van Gogh better as a person and as an artist, to take a fresh look at his paintings.

Turning to the mental illness of van Gogh, Leonhard first acquaints the reader with what was done by his predecessors, starting from the already mentioned opinion of Jaspers about the possibility of diagnosing schizophrenia in the artist and noting that this diagnosis has again come to the forefront of the current discussion. Then he turns to the works of Henri Gastaut [Gastaut, 1956], who suggested that van Gogh had epilepsy with episodes of befogged states. The main difficulty for Leonhard in this case is the lack of any evidence of epileptic seizures in the artist. Analyzing the history of the issue, the German psychiatrist remains faithful to the Wernicke-Kleist school, and considers the point of Walter Riese to be worthy of attention, who interpreted episodes of befogged states in the spirit of Karl Kleist, who saw in them phenomena related to epilepsy, but not epilepsy as such. At the same time, Leonhard notes that in his practice psychoses of this type have not been encountered for quite a long time, however, he considers such epileptimorphic disturbances of consciousness quite possible at the peak of the psychotic state. The few cases that he had observed were accompanied by emotional disorders of the ecstatic and anxiety spectrum, which leads him to the assumption that these strong affects trigger the mechanism that causes confusion, because a certain narrowing of the perspective of perception is also observed in healthy people experiencing fear or ecstasy.

⁶ In addition, of interest is Leonhard's attempt to highlight a special group of cycloid psychoses opposed to manic-depressive psychosis and schizophrenia he made in the textbook of psychiatry published in the late 1940s: [Leonhard, 1948, p. 98–105].

These considerations yield, in overlapping with the classification of endogenous psychoses developed by Leonhard, the hypothesis that van Gogh suffered from one of the atypical cycloid psychoses — an anxiety-happiness psychosis.

To diagnose van Gogh with a cycloid psychosis and schizophrenia we need to explain his auto-aggressive behavior, the most striking manifestation of which is the episode with a cut off part of his ear, which he took to a prostitute. Such unexplainable actions, which do not comply with a single behavioral pattern, are normally observed either in the initial period of schizophrenia, or accompany a malignant development of this disease, which a relatively rapidly result in a deep defect. The absence of a schizophrenic defect state, as well as clinical experience (a case of a murder committed by a patient suffering from an anxiety-happiness psychosis at the height of an affective experience with an alteration of consciousness) lead Leonhard to the idea of cycloid psychosis. Leonhard notes the similarity between the aspects of the disease of his patient and of van Gogh, noting their distraction and self-absorption on the days immediately preceding their actions, as well as their desire for drawing. Of course, psychosis could not give Leonhard's patient the talent that he did not have, but it could initiate an irresistible attraction to artistic expression. The psychiatrist also notes that some patients suffering from a happiness psychosis became very religious — they not only felt happy in religion, but also felt the need to convert others to their newfound faith in order to make them happy. At the same time, he notes that anxiety psychoses are also often religiously colored. A quick change in the affect of anxiety with ecstasy can provoke the formation of ideas of self-sacrifice and atonement. The suffering experienced by patients in a state of anxiety is perceived by them as the sacrifice they must make in order to find the salvation and atonement that they subjectively experience in an ecstatic state.

We also observe such conditions in van Gogh, as evidenced by his letters relating to this period, which lasted about a year and a half (autumn of 1875 — spring of 1877): in them we see how, from the autumn of 1876, he more often expresses religious ideas that were absent in the earlier letters. Initially, the experiences of van Gogh are painted ecstatically. The religious experience for him at that moment is closely connected with a craving for artistic creativity. The desire for absolute beauty connects them since absolute beauty, in his opinion, is con-

tained in both religious and aesthetic experiences. However, beliefs in themselves and words do not give grounds to draw any conclusions regarding the mental health of van Gogh, the facts of his biography are of exceptional importance: in January 1876 he left his job at the Paris branch of the company amid disappointment in work and inability to combine painting and visiting museums with regular work — painting absorbed him. His ecstatic tone of mood can be seen in almost every letter written van Gogh at that time. An ideator component complements the emotional component: he explains to himself his inability to continue working in the company by the fact that art trade and the art dealer are the worst enemies of art. This affect boosted by the ideator component prompted van Gogh to further actions: he became an assistant teacher in England with no salary, while his letters suggest that the main motive for this act is the opportunity to address the public with a sermon. He was not interested in teaching as much as he wanted to talk ordinary Londoners. Typical of patients experiencing an ecstatic episode, his main need is to share his subjective experience of happiness with others. At the same time, van Gogh's religiosity took on grotesquely exaggerated forms; it, and in this Leonard sees the vital diagnostic significance of this circumstance, found no response even from those around him who shared his religious convictions. His roommate, a young teacher, not without a sense of estrangement and surprise, talked about how van Gogh sits at the table for a long time, did not eat meat, read the Bible for a long time and visited churches of all faiths on Sundays, but he could not explain the motives of his actions, declining to answer the teacher's questions. Gradually, the ecstatic pole of experiences gave way to anxiety affect, which accompanied him in his attempts to prepare under the guidance of his uncle, a respected theologian, for a theological education. Here we see, on the one hand, unproductive activities — with great desire, his attempted end in nothing, while the anxiety affect he experienced seems to be primary, not motivated by external events: it seemed that he picked up more or less random external events to fill them with his experiences, and not vice versa. The difficulties he experienced with concentrating led him to the ideas of self-incrimination and provoked him to self-torture, while his teacher Mendes da Costa, speaking about him, did not accept the student's actions, saw spiritual masochism in them and, which is especially important for us, when he described van Gogh's

appearance at this time, he painted a classic description of the external manifestations of dysthymic depression.

The subsequent attempt to finish the missionary school ended unsuccessfully, which was also due to the inanimate character of van Gogh. His preaching in the south of Belgium, which he began in December 1878, initially paid off, he was awarded a salary. However, conflicts, for which he was largely responsible, escalated. His behavior began to be characterized by inflexible argumentativeness, and in the end, he had to leave the post of evangelist preacher. He escapes mounting problems by fleeing into art, discovering the vocation to paint ordinary people, their life and their activities.

The aforementioned argumentativeness in van Gogh's behavior is combined with extreme self-confidence, which we read about in his letters to his brother, whose advice he dismissed. At this time, van Gogh depended on his brother's financial assistance. To his gratitude, he often added demands: for van Gogh, his brother's help was his brother's duty to him and art, he retained this attitude later on. However, in this demanding there are no flat expressions, which marked a negative symptom of schizophrenia: according to in his letters he maintained a lively emotional contact with his family to the very end.

In the period between 1879 and 1888, van Gogh had a relationship with a Hague prostitute named Christine who was expecting her second child. At that time, van Gogh did not earn anything with his work and depended entirely on his brother's means. Despite this, van Gogh, driven by altruistic, in his understanding, motives, helped a woman who did not respond to him with any gratitude or reciprocity and who was devoid of any attractiveness. Moreover, van Gogh wanted to marry her, which led to a conflict with the family and threatened to recognize him legally incompetent. This kind of behavior should lead us to the idea of "schizophrenic altruism", which hides a peculiar projection of the defect, expressed in the inability to establish normal relationships due to the patient's autization. Schizophrenia is also evidenced by the high-faluting preaching maxims in his letters to his brother about duty and responsibilities. Nevertheless, in van Gogh's condition we find neither a depletion of emotional experience (his emotional connection with his brother becomes increasingly stronger towards the end of his life), nor a cognitive defect with a drop in productivity between seizures. In addition, an important criterion for Leonhard is the fact that van Gogh

maintains and deepens his awareness of the disease over time, seeks medical help, which occurs only in the case of phase psychoses and almost never in schizophrenia.

Regarding the differential diagnosis of phase psychosis and epilepsy, Leonhard believes that the following factors speak in favor of phase psychosis: a lack of data on the artist's epileptic seizures and the very nature of clouding of consciousness and their consequences: auto-aggressive behavior or external aggression is observed when a befogged state is accompanied by epilepsy, while van Gogh's self-destructive behavior, including his attempts at suicide, are carefully thought-out and planned actions against the background of emotional suffering reaching a psychotic level.

At the end of van Gogh's life, undoubtedly psychotic were his persecutory ideas (the sense of surveillance, his suspicions of others that they were trying to poison him) and disturbances of the process of perception, among which auditory hallucinations occupy a special place, as the artist's perception of visual images can be attributed to his gift and individual vision of the world. However, these diagnostic signs alone do not enable us to draw conclusions about the nosology of mental disorder, since they are characteristic for the entire spectrum of endogenous psychoses, rather than for any specific nosological form.

Thus, the absence of seizures and the peculiarities of the ratio of auto-aggressive behavior and befogged state episodes of testify against the assumption of epilepsy. The degree of severity of persecutory ideas and disturbances of the process of perception, against the background of periodic emotional disorders and a decline in cognitive productivity, testifies to cognitive psychosis. The diagnosis of anxiety-happiness psychosis is supported by the fact that the clinical aspect was compatible with other cases of this disease observed by Leonhard. The evidence includes the nature of the artist's emotional experiences and the periodic recurrence of different phases; a lack of data on the formation in him of a specific schizophrenic defect against the background of deepening the amplitude of emotional experiences; and van Gogh's critical assessment of his condition (*awareness of the disease*).

Acquaintance with Leonhard's view of van Gogh's illness through its reflection in his biography and in his work, would be incomplete if we ignored the question of what was done in this area after the publication of the work of the German scientist. First of all, it must be noted

that Leonhard's work went unnoticed, as evidenced by an analysis of bibliographies of the articles published after the publication of the book by the German psychiatrist. The reasons for this could include the language barrier (modern psychiatric science is usually English speaking) and the historical upheavals of the late 1980s — early 1990s, when the legacy of the former German Democratic Republic was perceived skeptically. Regarding the views on the nature of van Gogh's mental illness, it is necessary to recognize that Russian and foreign science take different routes: while Russian scientists may postulate the schizophrenic nature of the disease, foreign researchers may look for answers outside of "big psychiatry" — in neurology or in internal medicine. What unites these approaches is the desire to destigmatize van Gogh and his work. Thus, the standard textbook on psychiatry for Russian universities uses the schizophrenia, which according to the authors, van Gogh was diagnosed with, to illustrate productive creativity that occurs in spite of the disease, since "a significant proportion of enduring universal values are created by patients with schizophrenia" [Korkina et al., 2006, p. 348]. Probably, we can see here a tendency towards a broad understanding of the spectrum of manifestations of this disease in the Russian medical tradition. To the origins of this tradition can be traced back to the Moscow school of psychiatry founded by Andrei V. Snezhnevsky. American scholars suggest different solutions, indirectly siding with Leonhard in his idea to attribute schizophrenia per se by the presence of a specific defect and its nature. Therefore, Dietrich Blumer, starting from the ideas of the French psychiatrist Henri Gastaut, whose work Leonhard also takes into account, proposes a neurological diagnosis — temporal lobe epilepsy -, which is superimposed on the characteristics and temperament of van Gogh, as well as on the abuse of such harms as absinthe [Blumer, 2002]. The second direction of the search is for relatively rare diseases that medicine could not yet diagnose during van Gogh's life. Of particular note is the hypothesis that van Gogh suffered from a hereditary disease such as acute intermittent porphyria, which medical science only began to understand in the second half of the 19th century: this disease is accompanied by damage to the central nervous system, the symptoms of which are similar to those of van Gogh [Arnold, 2004].

Our acquaintance with Leonhard's undoubtedly creative view of van Gogh and his paintings allows us to conclude that the multidimensionality

of the concept of the German psychiatrist provides more for understanding the nature of the mental suffering of the Dutch artist than approaches based on the idea of the existence of only two endogenous psychoses or following the tradition of syndromic schools. Therefore, the authors of this work express a modest hope that the full annotated Russian edition of Leonhard's essay on van Gogh due to come out in the near future of will be interesting not only to art critics, but also to a wider public.

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НИДЕРЛАНДСКИЙ ХУДОЖНИК ВИНСЕНТ ВАН ГОГ ГЛАЗАМИ НЕМЕЦКОГО ПСИХИАТРА КАРЛА ЛЕОНГАРДА В КОНТЕКСТЕ АКТУАЛЬНОЙ КУЛЬТУРОЛОГИЧЕСКОЙ И МЕДИЦИНСКОЙ ДИСКУССИИ

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Настоящая работа представляет собой попытку свести воедино подходы в рамках антропологии, искусствознания и психиатрии с целью изучения рецепции личности и творчества Винсента Виллема Ван Гога (1853–1890) в последней работе известного немецкого психиатра Карла Леонгарда (1904–1988), автора хорошо известной российскому читателю книги «Акцентуированные личности». Оценки Карла Леонгарда, в которых отразился целый период как в истории рецепции творчества нидерландского живописца в тогда еще разделенной Германии, так и в истории немецкой медицины, являют собой результат диалога нидерландской живописной культуры и культуры немецкой нозологической психиатрии, вписанный в историю медицинской мысли эпохи и патографического искусствоведения. Леонгард внес значительный вклад в изучение и описание клинических проявлений эндогенных психозов. Клинический опыт подводит немецкого психиатра к выводу, что диагностика психозов, к чему склоняется в том числе и российская школа, как и диагностика эпилепсии, ошибочны, поскольку живописец страдал психозом страха-счастья,

представляющего собой особую форму циклоидного психоза. Доказательный метод, к которому прибегал Леонгард, близок к традициям русской гуманистической психиатрии. Несмотря на то что в настоящее время нозологический подход Леонгарда подвергается критике со стороны приверженцев психоаналитического подхода в психиатрии, следует отметить, что объективных данных о том, что один подход полностью исключает другой, нет. Исследуя вслед за Леонгардом письма Ван Гога, свидетельства его современников и учитывая данные позднейших работ о Ван Гогге, авторы статьи воспроизводят картину симптомов психического заболевания, подчеркивая значение разветвленной и тщательно продуманной классификации эндогенных психозов Леонгарда и акцентируя внимание на свидетельствах как о колебании аффекта у художника, так и об имевших место обманах чувств, об отношении его к собственной болезни с точки зрения психиатрии и клинической психологии. Кроме того, в статье дается обзор новейших патографических работ о Ван Гогге и их критический анализ. В заключение авторы статьи заявляют о скором выходе в свет полного текста очерка Леонгарда в русском переводе с искусствоведческими и медицинскими примечаниями.

Ключевые слова: Ван Гог, Карл Леонгард, патография, постимпрессионизм, эндогенный психоз, психоз страха-счастья, российская и германская школы психиатрии, нозологический и синдромологический подход, философская антропология.

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